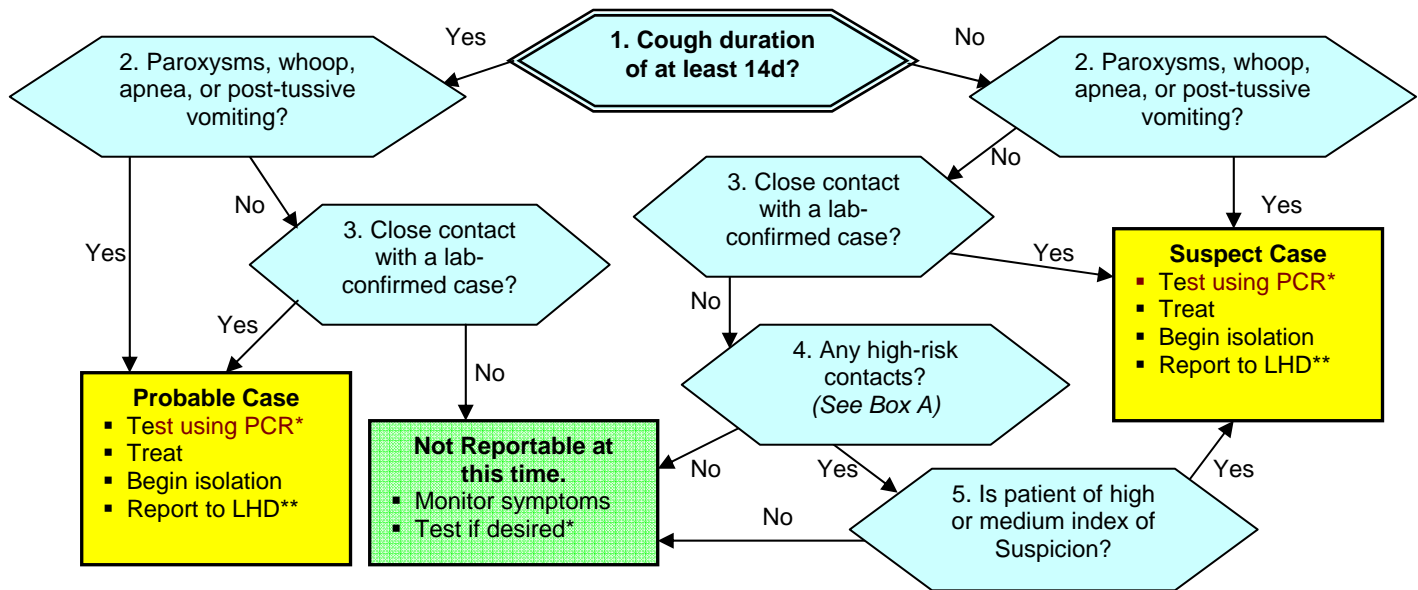
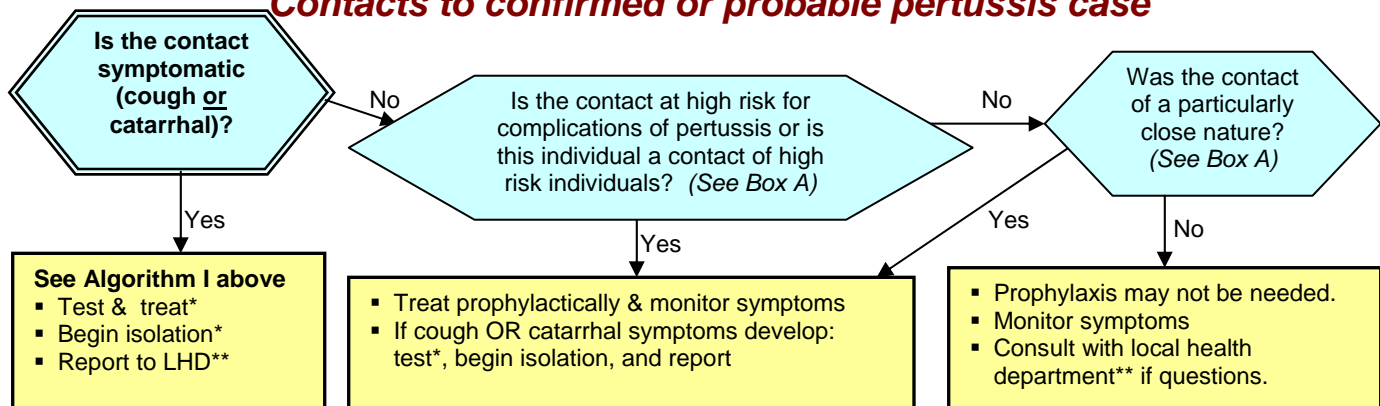


Jim Doyle  
GovernorHelene Nelson  
Secretary

## State of Wisconsin

Department of Health and Family Services

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dhfs.wisconsin.gov**Wisconsin Pertussis Algorithms: II & III. Clinical evaluation and management of pertussis****Persons with a cough who have not yet been tested for pertussis****Contacts to confirmed or probable pertussis case**

\*If test results are **positive**, case is **confirmed** and must complete appropriate treatment and isolation in addition to reporting to LHD.

\*If PCR results are **negative**, client is no longer infectious, and any treatment, isolation and contact management may be discontinued. However, since a Probable Case cannot be reliably ruled out by a negative PCR when specimen is obtained  $\geq 14$  days after cough onset, any symptomatic contacts to such a Probable Case must be tested ASAP. Consideration should be given to providing empiric treatment until their test results are available.

\***Testing** should be done – as soon as possible – on symptomatic but as-yet-untested persons, even those meeting the probable case definition. **Treatment** is not needed for those with negative PCR tests or with cough over 3 weeks' duration. **Prophylaxis** is not needed if over 3 weeks since last exposure.

**\*\*BOX A: "High risk Contacts"** include those <1 year old, pregnant or elderly, immune compromised, and those with frequent contact with such persons. **"Close contact"** includes EITHER a) contact with a symptomatic confirmed or probable case (direct face-to-face,  $\geq 1$  hr in close proximity, and/or contact (within 3-ft) with respiratory secretions OR b) contact in a setting with known pertussis transmission (e.g., 2 or more cases in same classroom or sports team), such as students working closely together, bus mates or carpool contacts, or other similar extensive interaction. **\*\*Your Local Health Department (LHD)** will assist with isolation and contact management.